U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

(812 0)	
1. File Number U - 7778	2. Fiscal Year Covered From:
,	1/1/209 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Edward Padilla	Name LICNA Local 220
! I	Labor Organization File Number 001760
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 30/
Street 2201 H Street	Street
City Bakerstield	City Bakersfield
State California ZIP Code + 4 97301	State California ZIP Code + 4 93302
5. Position in labor organization. Cecident /	Business Agent
A Held an interest in	
A. Held an interest in, engaged in transactions (including loans) with, or do monetary value from an employer whose employees your organization	erived income or other economic benefit of nepresents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or do nonetary value from an employer whose employees your organization 5. Name and address of Employer (including trade name, if any).	
A. Held an interest in, engaged in transactions (including loans) with, or do monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any). Name	erived income or other economic benefit of nepresents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or do monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	erived income or other economic benefit of nepresents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or do nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	erived income or other economic benefit of n represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or denonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: D.O. Box, Bldg., Room No., if any Street	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Signey.	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or domonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of Persulphilited in this report (including transactions) with, or domonotors and signature and verification. The undersigned declares, under penalty of Persulphilited in this report (including transactions).	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or domonetary value from an employer whose employees your organization. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of Persubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section Signed)	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

R Half	
5. Held an interest in or derived income or cook	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business (2) any part of which consists of buying from or selling or leasing directly seeking to represent, dealing with your labor organization or with a trust in which your labor organization is interested.	a ness or
8. Name and address of Business (including text)	·
Name Associated Third Party Administrators Trade Name 4.5	
I salv.	
P.O. Box, Bldg., Room No., if any	zation
Street 4399 Santa America Avenue c. Employer	
City El Monte	
State California ZIP Code + 4 9/73/	
10. If 9.b. or 9.c. is checked give trust or employer's name.	
Name Const 10 hands 200 Name 11.a. Nature of such dealing	ng.
P.O. Box, Bldg., Room No., if any trust tuni	hird party ve services to
COME	ds
City City	
State 11.8. Approximate dollar value of	of such dealing. Unknown
ZIP Code + 4	THOUTE TECEIVED.
6-24-04	-
Dinner q	t restaurant
	. 37901000
12 h A	Promission of the Control of the Con
C. Received from any employer (other than an employer covered under parts A and B above) 3.a. Name and address of Employer or Lober B. H. H.	9986
13.8. Name and address of Employer or Labor Balatian	
Name	
rade Name, if any:	The state of the s
as in carry.	# G A C
	· · · · · · · · · · · · · · · · · · ·
P.O. Box, Bldg., Room No., if any	er.
P.O. Box, Bldg., Room No., if any	- Control Cont
P.O. Box, Bldg., Room No., if any treet	The Control Control of the Control o
P.O. Box, Bldg., Room No., if any treet ty ate ZIP Code + 4	And the above is a beautiful and the internal above is the control of the control
C.O. Box, Bldg., Room No., if any	